

**Workers' Compensation in California:  
Questions & Answers**

**Getting Appropriate Medical Care  
for Your Injury**

*prepared for the*  
California Commission on Health and Safety and Workers' Compensation  
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*Note: This booklet describes rights and procedures under California law as of October 2006. Many of the new laws governing workers' compensation medical care are still being interpreted, and further changes are expected. To learn about updates, visit the website of the state Division of Workers' Compensation: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).*



# How To Use This Booklet

Getting appropriate medical care for a work-related injury or illness has become increasingly complicated. This booklet is written for injured workers in California who want to learn about their rights, steps to take, and where to go for help. It describes California workers' compensation rules and procedures as of October 2006.

Some workers are covered by a union contract or a labor-management carve-out agreement that governs injured workers' rights to medical treatment and the steps to take to get appropriate care. If you have a union, find out whether the union contract or a carve-out agreement applies to your situation.

Chapter 1, **Available Medical Services**, describes your right to receive treatment soon after injury, how medical bills are paid, treatment guidelines that affect your medical services, and limits on chiropractic and other types of care.

Chapter 2, **How Your Treating Physician Is Chosen**, describes who can treat you right after injury and later. The treating physician is responsible for prescribing and coordinating treatment for your injury and writing medical reports that affect your other workers' compensation benefits.

Chapter 3, **If You Have a Problem**, recommends what to do if you encounter a problem getting appropriate care, and where to go for help to resolve a problem.

The Appendix lists **Important Laws and Regulations** that govern workers' compensation medical care. It also explains how to access the laws and regulations.

The term "claims administrator," used throughout the booklet, refers to the person who handles workers' compensation claims for your employer. Most claims administrators work for insurance companies or other organizations that handle claims for employers. Some claims administrators work directly for large employers that handle their own claims. This person may also be called a claims examiner or a claims adjuster.

A short introductory factsheet, *The Basics About Medical Care for Injured Workers, October 2006*, is also available. If you would like to learn about other services and benefits for injured workers, see *Workers' Compensation in California: A Guidebook for Injured Workers, Third Edition, 2006*. You can download the factsheet and the guidebook from one of the following websites: [www.dir.ca.gov/chswc](http://www.dir.ca.gov/chswc) or [www.lohp.org](http://www.lohp.org). Many public libraries provide access to the Web.



# Chapter 1

## Available Medical Services

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### When do my medical services start?

Always report a work-related injury or illness to your employer as soon as possible. If it's an emergency, your employer must make sure that you have access to emergency medical services right away. For non-emergency care, the claims administrator is required to authorize medical treatment within one working day after you return a workers' compensation claim form to your employer. (Your employer must give or mail you this form, called DWC 1, within one working day after learning about your injury or illness.) While your claim is being investigated, the claims administrator must authorize necessary treatment up to \$10,000.

These requirements are found in California Labor Code sections 5401(a) and 5402(c). See the Appendix for instructions on how to access the Labor Code.

### Who pays for my medical services?

Your employer pays for medical services for your work-related injury or illness, either through a workers' compensation insurance policy or by being self-insured. The claims administrator pays the medical bills. You should never receive a medical bill, as long as you returned a claim form to your employer and your physician knows that the injury is work-related.

It is illegal for a physician or medical facility to bill a worker if they know the injury is or may be work-related. This law is found in California Labor Code section 3751(b).

## **What kinds of medical services are available to injured workers?**

California workers' compensation law requires claims administrators to authorize and pay for medical care that is "reasonably required to cure or relieve" the effects of the injury. Under laws enacted in 2003 and 2004, this means care that follows scientifically based medical treatment guidelines.

### ***Medical treatment guidelines used in California***

The medical treatment guidelines currently being used in California are the *Occupational Medicine Practice Guidelines, Second Edition*, published by the American College of Occupational and Environmental Medicine (ACOEM).

The ACOEM guidelines are designed to help physicians give appropriate treatment. Research shows that unnecessary care can foster dependence on the medical system and lead to permanent disability. Appropriate care under the ACOEM guidelines includes giving advice and guidance to the injured worker on how to remain active while recovering, and informing the employer what can or should be done to allow this to happen. Changes at work could involve different job assignments, reduced working hours, or other accommodations that are safe and appropriate for the particular injury. Remaining active increases the chances that a worker will recover fully and return to full and sustained employment.

### ***If your doctor recommends treatment that is not in the guidelines***

Some injured workers have medical conditions requiring treatment that is not in the ACOEM guidelines. If your doctor recommends treatment not in the ACOEM guidelines, the claims administrator is required to pay for the treatment if it follows other scientifically based guidelines that are generally recognized by the national medical community. (Some treatment guidelines, for example, are available online at the website of the National Guideline Clearinghouse: [www.guideline.gov](http://www.guideline.gov).)

For medical conditions not covered by the ACOEM guidelines or other medical treatment guidelines, the state Division of Workers' Compensation (DWC) proposed a set of rules in July 2006 for determining appropriate care. The rules were part of a proposed "Medical Treatment Utilization Schedule" being considered for adoption at the time this booklet was written (October 2006).

### ***If your case is settled with an agreement on future medical care***

If your workers' compensation case has been settled with an agreement that you will continue to receive medical care for your injury, the medical treatment guidelines and rules described above still apply to you. The guidelines and rules apply to *all* treatment, even in cases that settled before the guidelines were added to workers' compensation law.



### ***Limits on chiropractic and other types of treatment***

If your date of injury is in 2004 or later, you are limited to a total of 24 chiropractic visits, 24 physical therapy visits, and 24 occupational therapy visits for your injury, unless the claims administrator authorizes additional visits in writing. Also, regardless of your date of injury, you may be subject to other limits on these visits based on the medical treatment guidelines described above.



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### What is the role of my treating physician?

Your treating physician:

- Decides what type of medical care to prescribe for your job injury or illness
- Helps determine when you can return to work
- Helps identify the kinds of work you can do safely while recovering
- Refers you to specialists if necessary
- Writes medical reports that may affect the benefits you receive.

### Who can treat me right after I am injured?

It depends on whether your employer or the insurer has created a medical provider network (MPN) or has a contract with a health care organization (HCO) to treat injured workers, and whether you predesignated your personal physician.

#### ***If there is a medical provider network (MPN)***

An MPN is a list of physicians and other health care providers selected by the employer or insurer to treat injured workers. MPNs must be approved by the state Division of

Workers' Compensation (DWC). An employer or insurer that creates an MPN must give written information about the MPN to every employee either 30 days before the MPN is implemented, when the employee is hired, or when the employee transfers into the MPN. This information must be provided again when a worker gets hurt on the job.

If your employer or the insurer has created an MPN, in most cases you will first be treated in the MPN after you are injured.

***If there is a contract with a health care organization (HCO)***

An HCO is an organization certified by the DWC that contracts with an employer or insurer to provide managed medical care. Most employers and insurers do *not* have contracts with HCOs. An employer or insurer that has a contract with an HCO must give employees a form prepared by the state Division of Workers' Compensation, DWC Form 1194, to allow them to choose whether to enroll in the HCO. This form must be given to new employees within 30 days after date of hire and to current employees at least once a year. The form is in the California Code of Regulations, title 8, section 9779.4, and can be downloaded. (For instructions on how to access the regulations, see the Appendix.)

If your employer or the insurer has a contract with an HCO, in most cases you will first be treated in the HCO after you are injured.

***If there is no MPN or HCO***

If your employer or the insurer has *not* created an MPN and does *not* have a contract with an HCO, in most cases the claims administrator can choose the doctor who first treats you after you are injured.

***If you previously predesignated your personal physician***

Some workers are allowed to predesignate their personal physician before injury. This means that *before* you are injured, you give your employer the name and address of your personal physician *in writing*. If you predesignate, you may see your personal physician right after you are injured. You are not required to receive your treatment in an MPN or HCO or from a doctor chosen by the claims administrator.

You can predesignate only if your employer offers a group health plan or group health insurance for medical conditions that are unrelated to work. If your employer does not offer this benefit, you do not have a right to predesignate.

**Note:** The rights to predesignate and be treated by a predesignated personal physician will end on December 31, 2009, unless this date is extended by law.

## HOW TO PREDESIGNATE

To predesignate your personal physician (if you are eligible to do so), you must notify your employer in writing. You may prepare your own written statement, use optional DWC Form 9783 provided by the state Division of Workers' Compensation, or use a form provided by your employer. To download DWC Form 9783, go to: [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to: Forms). **Note:** If your employer or the insurer has a contract with an HCO, you must use a different form, discussed below.

Make sure to include the following information:

1. Name of your employer
2. A statement that if you are hurt on the job, you designate your personal physician to provide medical care. Give the name, address, and phone number.
3. Your name
4. Your signature
5. Date

You can predesignate a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who treated you in the past and has your medical records. The doctor must be a general practitioner, internist, pediatrician, obstetrician-gynecologist, or family practitioner who is your primary care physician. You cannot predesignate your personal chiropractor or acupuncturist.

The doctor must agree in advance to treat you for any job injuries and illnesses. The agreement must be documented, either by the doctor signing the predesignation form or by some other form of documentation. Include the documentation when you give your employer the predesignation form or statement.

Starting on January 1, 2007, you will be allowed to predesignate your personal physician's medical group. "Personal physician" will be defined in California Labor Code section 4600 as including a medical group that provides comprehensive medical services mostly for medical conditions unrelated to work. To predesignate your personal physician's medical group, ask your physician for its exact name and put it on your predesignation form or statement.

**HCOs.** If your employer or the insurer has a contract with an HCO, you will be given DWC Form 1194 within 30 days after your date of hire and at least once a year. You can use this form to predesignate your personal physician, personal chiropractor, or personal acupuncturist. You are not required to show that your doctor agreed to be predesignated. If you do not predesignate each time you are given this form, your employer will enroll you in the HCO for job-related injuries.

### ***Other situations where you can choose who treats you right after injury***

Sometimes an injured worker has a right to choose the treating physician even if he or she did not predesignate:

- C If your employer did not post required information about your workers' compensation rights, including the right to predesignate your personal physician, you can go to your personal physician right after you are injured.
- C If your employer or the insurer sends you to treatment that is completely inadequate or refuses to provide necessary care, you can go to a physician of your choice.

If you believe one of these situations applies and you would like to be treated by your personal physician or another physician of your choice, get help immediately to avoid a possible dispute about who can choose the physician. Use the resources described on page 23.

### **Can I switch to a different doctor for treatment?**

Yes. The doctors you may switch to depend on whether you are being treated in a medical provider network (MPN) or a health care organization (HCO) and whether you predesignated your personal physician.

#### ***Choices if you are being treated in an MPN***

If you are being treated in an MPN, after the first medical examination of your injury, you are allowed to switch to another doctor within the MPN, and you may switch again whenever it is reasonable to do so. Your employer or the insurer must give you written information on how to do this. In most cases, you are not allowed to switch to a doctor outside the MPN.

#### ***Choices if you are being treated in an HCO***

If you are being treated in an HCO, you are allowed to switch at least one time to another doctor within the HCO. The HCO must give you a choice of physicians within 5 days after you request a change. Also, if you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to your chiropractor or acupuncturist upon request, after you first see a doctor chosen by the claims administrator.

If you are receiving or are eligible to receive employer-provided health insurance for medical conditions unrelated to work, then 180 days after you report your injury or illness to your employer (or 180 days after your employer learns about it), you are allowed to

switch to a doctor of your choice outside the HCO. If you are *not* receiving or are *not* eligible to receive employer-provided health insurance for medical conditions unrelated to work, then 90 days after you report your injury or illness to your employer (or 90 days after your employer learns about it), you are allowed to switch to a doctor of your choice outside the HCO.

When you switch to a doctor outside the HCO, the new doctor can be a medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor. You or the new doctor must give the claims administrator the doctor's name and address. This allows the claims administrator to obtain medical reports and pay for your medical care. You may switch again whenever it is reasonable to do so.

### ***Choices if you are not being treated in an MPN or HCO***

If you are *not* being treated in an MPN or HCO, you have a right to switch to a new doctor one time during the first 30 days after you report your injury or illness to your employer (or 30 days after your employer learns about it), but usually the claims administrator is allowed to choose the new doctor. However, if you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to your chiropractor or acupuncturist upon request, after you first see a doctor chosen by the claims administrator.

After 30 days, you are allowed to switch to a doctor of your choice if you still need medical care and your employer or the insurer still has not created an MPN. The new doctor can be a medical doctor, osteopath, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractor. You or the new doctor must give the claims administrator the doctor's name and address. This allows the claims administrator to obtain medical reports and pay for your medical care. You may switch again whenever it is reasonable to do so.

### ***Choices if you predesignated your personal physician***

If you predesignated your personal physician and your employer or the insurer has created an MPN, you may switch to a new doctor within the MPN, and you may switch again within the MPN whenever it is reasonable to do so. Your employer or the insurer must give you written information about how to select a doctor within the MPN. However, your predesignated personal physician may refer you to another doctor outside the MPN for consultation or specialized treatment.

If you predesignated your personal physician and your employer or the insurer has a contract with an HCO, you may switch to a new doctor within the HCO. Also, if you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to your chiropractor or acupuncturist upon request.

You may switch again as described above, under "Choices if you are being treated in an HCO."

If you predesignated your personal physician and your employer or the insurer has *not* created an MPN and does *not* have a contract with an HCO, you may switch to a new doctor, but usually the claims administrator is allowed to choose the new doctor. However, if you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to your chiropractor or acupuncturist upon request. You may switch again as described above, under "Choices if you are *not* being treated in an MPN or HCO."



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### How can I avoid problems in getting appropriate treatment?

Understand your physician's treatment plan, and request copies of all medical reports about your injury. These reports, which your doctor is required to send to the claims administrator, describe the nature of your injury, causes of the injury, necessary treatment, and types of work you can do while recovering. The doctor and claims administrator are required to give you copies if you request them (except in some cases when the request is for mental health records). If you have questions about a particular report, ask the doctor.

## **I don't agree with my treating physician about necessary treatment. What can I do?**

If you don't agree with your treating physician about necessary treatment, you have a right to get another doctor's opinion. The steps to take to get another opinion depend on whether you are receiving care within a medical provider network (MPN), a health care organization (HCO), or neither.

**Note:** You use the steps described below only to challenge an opinion about the kinds of medical tests or treatment you need. If you want to challenge another type of opinion in a medical report, such as an opinion about the causes of your injury or the kinds of work you can do, there are different steps to take. To learn about these steps, see *Workers' Compensation in California: A Guidebook for Injured Workers, Third Edition, 2006*, available online: [www.dir.ca.gov/chswc](http://www.dir.ca.gov/chswc) or [www.lohp.org](http://www.lohp.org).

### ***Steps to take if I you are being treated in an MPN***

If you are receiving care within an MPN and wish to challenge the treatment prescribed by the doctor who is treating you, first consider switching to another doctor within the MPN. Your employer or the insurer must give you written information on how to change doctors within the MPN. See if you can reach agreement with the new doctor.

If you cannot reach agreement with the new doctor, you can obtain opinions from up to two more doctors within the MPN. These are called second and third opinions. Your employer or the insurer must give you written information on how to do this. You must make appointments to see these doctors within 60 days after you receive a list of available doctors from the claims administrator. If you don't make the appointments within 60 days, you risk losing the right to get the other doctors' opinions.

If you do not agree with the second and third doctors, you can obtain an independent medical review arranged by the state Division of Workers' Compensation (DWC). If that doctor agrees with you about necessary treatment, you may obtain the treatment from a physician outside the MPN.

### ***Steps to take if you are being treated in an HCO***

If you are receiving care within an HCO and wish to challenge the treatment prescribed by the doctor who is treating you, first consider switching to another doctor within the HCO. The HCO must give you a choice of physicians within 5 days after you request a change. See if you can reach agreement with the new doctor.

If you cannot reach agreement with the new doctor, you can obtain an opinion from another doctor within the HCO. If you do not agree with this doctor, you can ask the

HCO to resolve the dispute through an expedited grievance procedure. The HCO must issue a written decision within 30 days, or sooner if your condition requires a faster decision.

### ***Steps to take if you are not being treated in an MPN or HCO***

If you are *not* receiving care within an MPN or HCO and wish to challenge the treatment prescribed by the doctor who is treating you, first consider switching to another doctor. Chapter 2 explains your choices in switching doctors.

If you cannot switch or cannot reach agreement with the new doctor, you can take the steps below.

#### **1. Send a letter to the claims administrator stating that you disagree with the medical report:**

- Ⓒ If you do *not* have an attorney, you must send the letter within 30 days after you received the report.
- Ⓒ If you have an attorney, your attorney must send the letter within 20 days after receiving the report.

If the letter is not sent before the applicable deadline, you risk losing the right to challenge the treating doctor's opinion.

#### **2. Get a medical opinion, or evaluation, from another doctor:**

- Ⓒ If you do *not* have an attorney:
  - The claims administrator must send you instructions on how to contact the state Division of Workers' Compensation (DWC) to select a qualified medical evaluator (QME). QMEs are doctors who are certified by the DWC to conduct medical evaluations in workers' compensation cases.
  - Within 10 days after the claims administrator sends you the instructions, you must select the medical specialty of the QME and contact the DWC for a panel (list) of three QMEs. Within 10 days after the DWC sends you a panel, you must choose a QME from the panel, make an appointment to be examined by the QME, and tell the employer of your choice and appointment time. If you do not act within these deadlines, the claims administrator will choose the doctor you must see.

C If you have an attorney:

- Your attorney and the claims administrator may agree on a doctor called an agreed medical evaluator (AME). AMEs are not required to be certified by the DWC.
- If you were injured in 2005 or later and agreement cannot be reached, your attorney or the claims administrator may contact the DWC for a panel (list) of three QMEs. Your attorney and the claims administrator may agree on someone from this panel. If agreement still cannot be reached, your attorney and the claims administrator may each strike one name from the panel, and the remaining QME will conduct the evaluation.
- If you were injured before 2005 and agreement cannot be reached, your attorney will select a QME.

In either case, the QME or AME will examine you and write a medical-legal report describing your condition.

**Important!** You or your attorney should select the appropriate medical specialty and choose the QME or AME carefully. The medical-legal report will affect your benefits. In many cases, you will not be able to choose another QME or AME. For help, use the resources described on page 23.

For more information about medical evaluations, call the DWC's Medical Unit at 1-800-794-6900. Ask for their written guide, *Your Medical Evaluation*. Also visit the Medical Unit website: [www.dir.ca.gov/imc](http://www.dir.ca.gov/imc).

## **I agree with my treating physician about necessary treatment. How long can the claims administrator take to decide whether to authorize treatment?**

This depends on whether your medical condition is considered urgent. Claims administrators must decide whether to authorize and pay for treatment within time frames that are part of the utilization review (UR) process described below. If your treating physician recommends spinal surgery, the claims administrator may also obtain a second opinion, described on the next page.

### ***Decisions based on utilization review (UR)***

In the utilization review process, the claims administrator may decide to approve treatment, but he or she is not permitted to modify, delay, or deny treatment. Only a

physician who is qualified to evaluate the recommended treatment may do this. If this happens, the claims administrator will communicate the decision to you and your treating physician.

**C If your medical situation is considered urgent:** This means you face a serious threat to your health, or a longer time frame could harm your ability to recover fully. If this is the case, the decision to approve, modify, delay, or deny the medical treatment recommended by your treating physician must be made within 72 hours after the claims administrator receives the information needed to make the decision, or sooner if your condition requires a faster decision. The claims administrator must communicate the decision to the physician by phone or fax, and to the physician and worker in writing, within 24 hours of the decision.

**C If your medical situation is *not* considered urgent:** The decision to approve, modify, delay, or deny the treatment recommended by your treating physician must be made within 5 working days after the claims administrator receives the physician's request for authorization along with the information needed to make the decision. If the claims administrator needs more time to obtain necessary information, the decision can be made up to 14 days after receiving the physician's request. The claims administrator must communicate the decision to the physician by phone or fax, and to the physician and worker in writing, within 24 hours of the decision.

### ***Second opinions on spinal surgery***

If the treating physician recommends spinal surgery, the claims administrator may also obtain a second opinion from an orthopedic surgeon or neurosurgeon. If you are represented by an attorney, the claims administrator must first seek your attorney's agreement on the doctor who will give the second opinion. If agreement cannot be reached or if you are not represented by an attorney, the claims administrator may ask the DWC to randomly select the doctor who will give the second opinion.

### ***What you can do to speed up the decision-making process***

The claims administrator must authorize treatment that follows the ACOEM guidelines or other scientifically based medical treatment guidelines (see Chapter 1). If treatment does not follow these kinds of guidelines, the treating physician must show why the treatment is needed.

Sometimes treatment is delayed because the claims administrator has not received all of the information needed from the treating physician. To help avoid delay, encourage your treating physician to respond promptly to questions and requests from the claims administrator about your medical condition and why you need the recommended treatment. Also encourage the doctor to identify, if possible, any scientifically based medical treatment guidelines that support the recommended treatment.

## ***Situations where treatment recommended by your doctor can be denied***

Treatment can be denied if there is no scientific basis for the treatment. The claims administrator must clearly explain the reasons for denying treatment.

## **I don't agree with a decision to deny treatment. What can I do?**

To challenge a decision to deny treatment recommended by your treating physician, you can take the steps below. **Note:** You must take special steps if the decision was to deny spinal surgery.

### ***Steps to challenge most decisions to deny treatment***

1. Send a letter to the claims administrator stating that you disagree with the decision. You must do this within 20 days after you received the decision from the claims administrator, regardless of whether you have an attorney. If you don't send the letter within 20 days, you risk losing the right to challenge the decision.
2. Get a medical opinion, or evaluation, from a qualified medical evaluator (QME) or agreed medical evaluator (AME). The procedures are the same ones taken by workers who are not being treated in an MPN or HCO who wish to challenge treating physicians' opinions about necessary treatment. To challenge a decision to deny treatment, the procedures are the same regardless of where you are being treated. To learn about these steps, see pages 19-20.
3. Request an expedited hearing before a workers' compensation judge. For help in requesting a hearing, use the resources described in the next question.

### ***Steps to challenge a denial of spinal surgery***

If you disagree with a decision to deny spinal surgery recommended by your treating physician, then within 10 days after receiving the decision you must inform the DWC that you disagree and that you request a second opinion. If you don't do this within 10 days, you risk losing the right to challenge the decision. (These requirements are based on a recent legal interpretation and may change.) For help in contacting the DWC, use the resources described in the next question.

### ***Penalties for treatment being delayed or denied***

If the claims administrator delays or denies treatment without any reasonable excuse, you could be awarded a penalty payment of up to 25% of the value of each service that was unreasonably delayed or denied, up to \$10,000. For help in requesting penalty payments,

contact a state Information & Assistance (I&A) officer or an attorney. To learn about I&A officers and attorneys, see the next question.

### ***How to file a complaint about treatment being delayed or denied***

The Audit Unit of the state Division of Workers' Compensation (DWC) investigates complaints and imposes penalties if a claims administrator misses utilization review (UR) deadlines in deciding whether to authorize and pay for treatment. The Audit Unit also imposes large monetary penalties when a claims administrator unreasonably delays or denies medical care and other benefits "with a frequency that indicates a general business practice." Audit penalties are paid to the state, not to the injured worker. For instructions on how to file a complaint with the Audit Unit, contact an I&A officer (see the next question).

### **Where can I go for help with problems in getting the right medical services?**

If you encounter a problem in getting the right medical services, see whether your employer or the claims administrator can agree to resolve the problem. If this doesn't work, don't delay getting help. Try the following:

- C Contact an Information & Assistance officer.** State I&A officers answer questions and help injured workers. They may provide information and forms and help resolve problems. Some I&A officers hold workshops for injured workers. To contact a local office, check the Government Pages at the front of the white pages of your phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation. Or call toll-free: 1-800-736-7401. You can visit their website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to: DWC programs and units/ Information and Assistance).
- C Consult an attorney.** Lawyers who represent injured workers in their workers' compensation cases are called applicants' attorneys. Their job is to protect your rights, plan a strategy for your case, gather information to support your claim, keep track of deadlines, and represent you in hearings before a workers' compensation judge. (Workers' compensation judges hear cases and decide on problems and disputes.) You can get names of applicants' attorneys from the State Bar of California (1-415-538-2120; [www.calbar.ca.gov](http://www.calbar.ca.gov)), a local bar association, or the California Applicants' Attorneys Association (1-800-459-1400; [www.caaa.org](http://www.caaa.org)).
- C Contact your union.** Your union may be able to help resolve problems, tell you about other available benefits, negotiate changes needed in your job, protect you from job discrimination, and refer you to legal services.

**C Represent yourself.** If you can't get help from the above resources, you can prepare your own case and request a hearing before a workers' compensation judge to resolve a problem or dispute. For instructions, contact an Information & Assistance officer (see above).



# Appendix

## Important Laws and Regulations

Laws and regulations that govern workers' compensation medical care are listed below. Except where noted otherwise, you can download these laws and regulations from the website of the state Division of Workers' Compensation (DWC): [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) (link to "Statutes" and "Regulations").

### Chapter 1

- Employer must ensure access to emergency medical services: California Code of Regulations, title 8, section 3400 (available online at [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh); link to: Title 8 regulations)
- Right to medical care within one working day after filing claim form: California Labor Code section 5402(c)
- Employer must give or mail claim form within one working day after learning about injury: California Labor Code section 5401(a)
- Employer must pay for workers' compensation and must have insurance or be self-insured: California Labor Code sections 3600 and 3700
- Illegal for medical provider to bill injured worker while claim is pending: California Labor Code section 3751(b)
- Right to medical care based on treatment guidelines: California Labor Code sections 4600, 4604.5, and 5307.27
- Limits on chiropractic, physical therapy, and occupational therapy visits: California Labor Code sections 4604.5(d)

### Chapter 2

- Medical provider networks (MPNs): California Labor Code sections 4616-4616.7; California Code of Regulations, title 8, sections 9767.1-9767.15
- Health care organizations (HCOs): California Labor Code section 4600.3-4600.7; California Code of Regulations, title 8, sections 9770-9779.9

- Predesignating your personal physician: California Labor Code section 4600(d); California Code of Regulations, title 8, sections 9780-9783.1
- Predesignating your personal physician if employer or insurer has a contract with an HCO: California Labor Code section 4600.3(a); California Code of Regulations, title 8, sections 9779.3-9779.4
- Right to be treated by your personal physician if employer did not post information about your workers' compensation rights: California Labor Code sections 3550(e) and 3551
- Switching to a different doctor if you are being treated in an MPN: California Labor Code sections 4600(c) and 4616.3(b) and (d); California Code of Regulations, title 8, section 9767.6(d), (e), and (f)
- Switching to a different doctor if you are being treated in an HCO: California Labor Code sections 3209.3 and 4600.3(c), (e), and (g); California Code of Regulations, title 8, section 9773(b)(6)
- Switching to your personal chiropractor or acupuncturist: California Labor Code section 4601(b) and (c); California Code of Regulations, title 8, sections 9781(b) and 9783.1
- Switching to a different doctor if you are not being treated in an MPN or HCO and you did not predesignate: California Labor Code sections 3209.3, 4600(c), and 4601(a); California Code of Regulations, title 8, section 9781
- Switching to a different doctor if you predesignated: California Labor Code sections 3209.3, 4600(c), 4600.3(a), (c), (e), and (g), and 4616.3(b); California Code of Regulations, title 8, sections 9767.6(d), (e), and (f), 9773(b)(6), 9780.1(d), 9781, and 9783.1

### **Chapter 3**

- Treating physician's reports: California Code of Regulations, title 8, sections 9785-9785.4
- Claims administrator must provide copies of medical reports upon request: California Code of Regulations, title 8, section 9810(d)
- Physician must provide copies of medical reports upon request: California Health and Safety Code sections 123100-123149.5 (available online at [www.leginfo.ca.gov](http://www.leginfo.ca.gov); link to: California Law)

- Challenging diagnosis or treatment decisions in an MPN: California Labor Code sections 4616.3(c), 4616.4, and 4616.6; California Code of Regulations, title 8, sections 9767.7 and 9768.1-9768.17
- Challenging diagnosis or treatment decisions in an HCO: California Labor Code sections 4600.3(e) and 4600.5(d)(6); California Code of Regulations, title 8, sections 9773(b)(7) and 9775
- Challenging diagnosis or treatment decisions if not in an MPN or HCO: California Labor Code sections 4062-4068
- Utilization review (UR): California Labor Code section 4610; California Code of Regulations, title 8, sections 9792.6-9792.10
- Spinal surgery second opinion procedure: California Labor Code section 4062(b) and (c); California Code of Regulations, title 8, sections 9788.01-9788.91
- Challenging a decision to deny treatment: California Labor Code section 4062(a); California Code of Regulations, title 8, section 9792.10
- Penalties for unreasonable delay or denial: California Labor Code sections 5814 and 5814.5
- Complaints and Audit Unit investigations where there is a failure to meet UR deadlines: California Labor Code section 4610(i)
- Complaints and Audit Unit investigations of unreasonable delays and denials: California Labor Code section 5814.6

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